

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 4 4

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 15, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.298

7. FEDERAL BUDGET IMPACT:

a. FFY <sup>02</sup> \$ No Budget

b. FFY <sup>03</sup> \$ Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, p. 83

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

INPATIENT HOSPITAL SERVICES (ALLOCATION OF DSH FUNDS)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark Trail

14. TITLE:

Acting Director, DMA

15. DATE SUBMITTED:

December 28, 2001

16. RETURN TO:

Georgia Department of Community Health  
Division of Medical Assistance  
2 Peachtree Street, N.W.  
Atlanta, GA 30303-3159

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 28, 2001

18. DATE APPROVED:

March 18, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 15, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
INPATIENT SERVICES

The following changes will be effective for DSH payment adjustments made on or after December 15, 2001:

- Division of Medical Assistance DSH criteria measuring Medicaid inpatient utilization, Medicaid charges and Medicaid admissions will be modified so that a hospital's services to both Medicaid and PeachCare patients will be considered.
- Medicaid intensity rate adjustment payments will be reclassified to DSH payments from the Indigent Care Trust Fund.